

Vision Benefits

Benefits are provided by EyeMed Vision Care

State of Nebraska employees who elect vision benefits will enjoy the advantage of America's largest vision care network, comprised of independent providers and top optical retailers. This means you get access to more convenient evening and weekend hours to fit anyone's schedule.

Employees can choose from two vision plans – Basic or Premium. All premiums are paid through pre-tax, payroll deductions. New participants will receive an insurance ID card from EyeMed upon enrollment however an ID card is not needed to obtain benefits.

Accessing your vision care benefit is easy:

- Find a provider near you by logging into EyeMed.com and selecting the Insight Network to schedule an appointment with a simple phone call or stop by one of the many retail providers who offer walk-in appointments.
- Register for EyeMed's member portal to maximize your membership through alerts about your vision health and benefits. You may also download the EyeMed Member App in the Google Play Store or the App Store for easy access on the go.

NOTE: Vision benefits are available once every Plan Year.

2018-19 Plan Year

Just as a reminder, **Insight Network** is the network you choose when searching for an in-network provider.

Monthly Vision Plan Premiums

	Basic Option	Premium Option
Employee Only (Single Coverage)	\$5.34	\$8.30
Employee + Spouse (Two-Party Coverage)	\$8.58	\$13.28
Employee + Dependent Children (Four-Party Coverage)	\$8.76	\$13.52
Employee + Spouse + Dependent Children (Family Coverage)	\$14.10	\$21.84

EyeMed Vision Care Summary of In-Network Coverage (Member Cost)

	Basic Option	Premium Option
Exam	\$10 copay Every 12 months	\$10 copay Every 12 months
Frames	80% over \$105 Every 24 months	80% over \$120 Every 12 months
Benefits: You can choose from prescription lenses OR contact lenses each 12 or 24 months depending on the frequency of your chosen plan option.		
Prescription Lenses	Every 24 months	Every 12 months
<ul style="list-style-type: none">• Single, Bifocal, Trifocal• Standard Progressive Lens• Premium Progressive Lens	\$10 copay \$75 copay Copays vary	\$10 copay \$75 copay Copays vary
Contact Lenses	Every 24 Months	Every 12 months
<ul style="list-style-type: none">• Conventional• Disposable	85% over \$105 100% over \$105	85% over \$130 100% over \$130

LEGAL DISCLAIMER: Member will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location. Allowances are one-time use benefits; no remaining balance. Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. The plan design is offered with the EyeMed Access panel of providers. Limitations and exclusions apply. Insured plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life
*Policy Number VC-19/VC-20 form number M-9083.